

COUNTY NAME

Substance Abuse and Crime Prevention Act (SACPA) Plan

Date Submitted

Prepared by:

(Name)

(Title)

Certification: This plan was approved by the County Board of Supervisors, or its designated delegated approval authority representative, as attested to by the Board of Supervisors action item attached hereto and incorporated by this reference.

County Lead Agency Director's Signature

Title _____

This plan is submitted pursuant to Section 9515, Title 9, of the California Code of Regulations

1. If there has been a change in lead agency designation, attach a copy of the county Board of Supervisors resolution, minutes, order, motion or ordinance that identifies the lead county agency responsible for the administration of the funds.

[reference: Section 9515(b), Title 9, CCR]

2. Where applicable, attach a copy of the County Board of Supervisors resolution, minutes, order, motion, or ordinance approving the plan or a copy of a written delegation of approval authority to the county lead agency from the County Board of Supervisors.

[reference: **Section 9515(b)(3), Title 9, CCR**]

SUGGESTED COUNTY PLAN PREPRINT**County Plan-Service Coordination and Collaboration**

1. Provide a brief narrative describing how county services for SACPA clients are coordinated. Please identify the collaborative process used to identify the services contained in the county plan.

[reference: Section 9515(b)(2)(A), Title 9, CCR]

2. Identify the entities participating in the development of the county plan:

[reference: Section 9515(b)(2)(C), Title 9, CCR]

- ☐ Office of County Alcohol and Drug Program Administrator
- ☐ Probation Department
- ☐ Court/Presiding Judge
- ☐ Parole Authority
- ☐ District Attorney
- ☐ Sheriff
- ☐ Chief of Police
- ☐ County Office of Education
- ☐ Social Services
- ☐ Workforce Investment Board
- ☐ Mental Health
- ☐ Public Health
- ☐ County Executive Officer
- ☐ Drug Treatment Providers
- ☐ Other: (Specify)

3. Did formulation of the county plan include input from federally recognized American Indian Tribe(s) located within your county or their representatives?

[reference: Section 9515(b)(2), Title 9, CCR]

- ☐ Yes
- ☐ No

4. Did formulation of the county plan include input from impacted community parties?

[reference: Section 9515(b)(2)), Title 9, CCR]

- ☐ Yes
- ☐ No

SUGGESTED COUNTY PLAN PREPRINT

5. Please provide a brief narrative here describing how the county will provide and fund services to SACPA clients.

[reference: Section 9515(b)(2)(B), Title 9, CCR]

6. What services are available to SACPA clients under the county plan?

- ☐ Drug Treatment
- ☐ Family Counseling
- ☐ Vocational Training
- ☐ Literacy Training
- ☐ Monitoring/Supervision
- ☐ Assessment
- ☐ Placement
- ☐ Referral
- ☐ Case Management
- ☐ Other: (Specify)

7. Will drug testing be required for SACPA clients in your county jurisdiction?

- ☐ Yes
- ☐ No

If yes, how are the costs associated with this requirement funded?

8. Identify the entity(ies) responsible for determining a client's level of need for, placement in, and referral to drug treatment and other services in your county.

[reference: Section 9515 (b)(2)(C), Title 9, CCR]

9. Describe the process used by these entities used to determine a client's level of need for, placement in, and referral to drug treatment and other services in your county.

[reference: Section 9515(b)(2)(C), Title 9, CCR]

10. Excess Funds

[reference: Section 9515(b)(2)(D), Title 9, CCR]

- a) Identify the amount of excess funds the county requests to rollover from fiscal Year 2000-01 into Fiscal Year 2001-02.
- b) Specify the planned use of the excess funds identified for rollover.
[reference: Section 11999.13 of the Health and Safety Code]